### Centre Information

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Portumna Retirement Village</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000378</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Brendan's Road, Portumna, Portumna, Galway.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>090 97 59170</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:info@prv.ie">info@prv.ie</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
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<tr>
<td>Registered provider:</td>
<td>Tony Williams</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Mary Costelloe</td>
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<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Unannounced Dementia Care Thematic Inspections</td>
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<td>60</td>
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<td>Number of vacancies on the date of inspection:</td>
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About Dementia Care Thematic Inspections

The purpose of regulation in relation to residential care of dependent Older Persons is to safeguard and ensure that the health, wellbeing and quality of life of residents is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer and more fulfilling lives. This provides assurances to the public, relatives and residents that a service meets the requirements of quality standards which are underpinned by regulations.

Thematic inspections were developed to drive quality improvement and focus on a specific aspect of care. The dementia care thematic inspection focuses on the quality of life of people with dementia and monitors the level of compliance with the regulations and standards in relation to residents with dementia. The aim of these inspections is to understand the lived experiences of people with dementia in designated centres and to promote best practice in relation to residents receiving meaningful, individualised, person centred care.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).
This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 2 day(s).

**The inspection took place over the following dates and times**

From:  
11 September 2018 09:30  
12 September 2018 09:30  

To:  
11 September 2018 18:00  
12 September 2018 15:30

The table below sets out the outcomes that were inspected against on this inspection.

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Provider's self assessment</th>
<th>Our Judgment</th>
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<tbody>
<tr>
<td>Outcome 01: Health and Social Care Needs</td>
<td>Substantially Compliant</td>
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<td>Outcome 02: Safeguarding and Safety</td>
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<td>Outcome 03: Residents’ Rights, Dignity and Consultation</td>
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<td>Outcome 04: Complaints procedures</td>
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<td>Outcome 05: Suitable Staffing</td>
<td>Substantially Compliant</td>
<td>Non Compliant - Major</td>
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<td>Outcome 06: Safe and Suitable Premises</td>
<td>Compliance demonstrated</td>
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<td>Outcome 08: Governance and Management</td>
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<td>Outcome 12: Notification of Incidents</td>
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**Summary of findings from this inspection**

This inspection report sets out the findings of a thematic inspection which focused on specific outcomes relevant to dementia care.

As part of the thematic inspection process, providers were invited to attend information seminars given by the Authority. In addition, evidence-based guidance was developed to guide the providers on best practice in dementia care and the inspection process. Prior to the inspection, the person in charge completed the provider self-assessment and compared the service with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.
While this centre does not have a dementia specific unit, the inspector focused on the care of residents with a dementia during this inspection. Thirty four residents were either formally diagnosed or had suspected Alzheimer's disease or dementia. The inspector met with residents, relatives, and staff members during the inspection. The inspector tracked the journey of a number of residents with dementia within the service, observed care practices and interactions between staff and residents who had dementia using a validated observation tool (called Quiz). The inspector also reviewed documentation such as care plans, medical records, staff files, relevant policies and the self assessment questionnaire which were submitted prior to inspection.

Overall, the inspector found the management team were committed to providing a good quality service for residents with dementia. However, improvements were required to governance arrangements in place, to ensuring that Garda vetting (police clearance) disclosures were in place for all staff, restraint management and notification of incidents. Further improvements were required to ensure that documentation to support wound management was consistent and up to date.

The inspector found that residents’ overall healthcare needs were met and they had access to appropriate medical and allied healthcare services. The quality of residents’ lives was enhanced by the provision of a choice of interesting things for them to do during the day and an ethos of respect and dignity for residents was evident. There was an activities coordinator on duty to meet the social needs of residents. All staff fulfilled a role in meeting the social needs of residents and the inspector observed that staff connected with residents as individuals.

The overall atmosphere was homely, comfortable and in keeping with the overall assessed needs of the residents who lived there. The inspector found the residents were enabled to move around the centre as they wished. Signs and colours had been used in the centre to support residents to be orientated to where they were. Improvements were required to provide independent access to a secure outdoor space for residents.

Residents were observed to be relaxed and comfortable in the company of staff. Staff had paid particular attention to residents dress and appearance. The inspector noted that staff assisting residents with a dementia were particularly caring and sensitive.

The collective feedback from residents and relatives was one of satisfaction with the service and care provided.

Staff were offered a range of training opportunities, including a range of specific dementia training courses. Arrangements were in place to support the civil, religious and political rights of residents with dementia.

Areas for improvement are discussed in the body of the report and in the action plan at the end of the report.
Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

**Outcome 01: Health and Social Care Needs**

**Theme:**
Safe care and support

**Outstanding requirement(s) from previous inspection(s):**
Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**
The inspector found that residents’ overall healthcare needs were met and they had access to appropriate medical and allied healthcare services and each resident had opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. Most issues identified at the last inspection had been addressed, however, improvements were still required to the documentation to support wound management.

Residents had access to general practitioner (GP) services of their choice and could retain their own GP if they so wished. There was an out-of-hours GP service available. The inspector reviewed a sample of files and found that GPs reviewed residents on a regular basis. The inspector noted that medications were regularly reviewed, and individually prescribed. The inspector was satisfied that medications were administered as prescribed and that there was no over reliance on PRN (as required medications).

A full range of other services was available including speech and language therapy (SALT), physiotherapy, occupational therapy (OT), dietetic services and psychiatry of later life. Chiropody and optical services were also provided. The inspector reviewed residents’ records and found that residents had been referred to these services, regularly reviewed and results of appointments were written up in the residents’ notes.

There was a policy in place that set out how resident’s needs would be assessed prior to admission, on admission, and then reviewed at regular intervals. A review of the records showed that this was happening in practice. All residents had a care plan that was developed on admission, and this was updated as the staff got to know the resident better. When considering admissions to the nursing home, they would consider if the residents needs would be met in the environment.

Comprehensive up-to-date nursing assessments were in place for all residents. A range of up-to-date risk assessments were completed for residents including risk of developing pressure ulcers, falls risk, nutritional assessment, dependency, moving and handling and continence.
Care plans where completed were comprehensive and informative and outlined clear guidance for staff in areas such as personal hygiene and dressing, nutrition, maintaining safe environment, communication, social needs, use of chemical restraint, dementia, skin integrity, wounds and plans for the future. Care plans guided care and were regularly reviewed. Care plans were person-centered and individualised. There was evidence of relative and resident involvement in the development and review of care plans. Nursing staff and health care assistants spoken with were familiar with and knowledgeable regarding residents up to date needs. Improvements were required to ensure that residents using bedrails had specific care plans in place to guide staff on the care of residents using them.

Nursing staff told the inspector that a detailed hospital transfer letter was completed when a resident was transferred to hospital. The transfer letter allowed for appropriate information regarding the health needs, medications and residents specific needs. Nursing staff confirmed that residents with a dementia were normally accompanied by a family member when needing transfer to hospital.

The inspector was satisfied that residents’ weight changes were closely monitored. All residents were nutritionally assessed using a validated assessment tool. All residents were weighed regularly and those residents identified at high risk were monitored weekly. Nursing staff told the inspector that if there was a change in a resident’s weight, nursing staff would reassess the resident and inform the GP. Referrals would be made to the dietician and speech and language therapy (SALT) if appropriate. Files reviewed by the inspector confirmed this to be the case. Nutrition care plans in place were found to be person centered, comprehensive and reflected the recommendations of the dietician and SALT. Nutritional supplements were administered as prescribed. Many staff had recently completed training on nutrition and the use of food and fluid thickeners and further training was planned on the use of the 'Malnutrition Universal Screening Tool' (MUST).

The inspector observed the lunch time and evening time meal experience and noted it to be a pleasant one. The inspector noted that staff assisting residents with a dementia were caring and sensitive, they explained what foods were on offer and gave appropriate support and encouragement. Modified consistency diets were nicely presented and included a variety of texture and colour. The inspector observed a variety of drinks and snacks being offered to residents throughout the days of inspection, including birthday cake which was baked by the catering staff to celebrate one of the residents birthdays. Residents spoken with told the inspector that cakes were baked for all residents birthdays and special occasions. Residents spoken with were complimentary regarding the quality and choice of food and stating that they could get something to eat or drink day or night.

Nursing staff advised the inspector that there were a number of residents with wounds at the time of inspection. The inspector reviewed the file of a resident with two wounds including a grade three pressure ulcer and noted that improvements were required to the nursing documentation. Inconsistencies were noted in the nursing notes, wound assessment and wound progress notes. The wound assessments were not updated at each change of dressing and therefore it was difficult to determine the progress of the wounds.
wound or its current status. All wounds were regularly reviewed by the tissue viability staff nurse who advised that documentation to support wound assessment had been identified as an area which required improvement and that training was planned to take place individually with nursing staff.

The inspector reviewed the files of residents who had recently fallen and noted that the falls risk assessments and care plans had been updated post falls. A recently introduced falls review log was in place which outlined actions taken following each fall. Low-low beds, crash mats and sensor alarms were in use for some residents while other residents at high risk had been allocated bedrooms nearer to the nurses station. There was evidence of review by the GP including review of medications, updated manual handling assessments and referral to OT for assessments in some cases. However, the inspector was unable to review all falls and incidents for 2018 as the incident books requested could not be found and formal falls audits had not been completed. These actions are included under Outcome 8: Governance and management and Outcome 12: Notification of incidents.

The inspector was satisfied that caring for a resident at end of life was regarded as an integral part of the care service provided in centre. Staff provided end of life care to residents with the support of their GP and the homecare palliative team. The inspector reviewed a number of 'planning for the future' care plans that outlined the individual wishes of residents and their families including residents' preferences regarding their preferred setting for delivery of care. Some staff had completed training in end-of-life care. The person in charge advised that training on the use of syringe drivers was planned in conjunction with the local hospice. Religious sacraments were available to all residents as desired.

Staff had commenced assessing the social care needs of residents using the Pool Activity Level (PAL) guide in order to facilitate a selection of appropriate and personally meaningful activities. The social care needs of each resident were set out in their social care plans and included details of residents' interests and hobbies, likes and dislikes and preferred daily routines. Staff continued to provide meaningful and interesting activities for residents. There was a full time activities coordinator employed. Both group and one to one activities took place. The weekly activities schedule was displayed. Staff were observed interacting with residents as they performed their work duties and facilitating planned activities. The inspector observed residents enjoying a bingo session, art therapy, reminiscence therapy, dog therapy and a live music, singing and dancing session. Residents confirmed that they enjoyed the variety of activities taking place especially the weekly music sessions. The activities coordinator had completed training in Sonas (therapeutic programme specifically for residents with Alzheimer's or dementia) and held regular group and 1:1 sessions with residents. Some residents preferred to sit in the front reception area, reading the newspapers, engaging with staff and visitors as they passed and observing the activities taking place through the glass windows of the communal dayroom. Residents spoken with confirmed that they could choose to partake in activities or not. There was quiet sensory room provided on each floor, some residents were observed to sit and listen to relaxing music in these quieter environments.

Judgment:
**Outcome 02: Safeguarding and Safety**

**Theme:**
Safe care and support

**Outstanding requirement(s) from previous inspection(s):**
Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**

While the provider and person in charge had taken measures to safeguard residents from being harmed and from suffering abuse, three recently recruited staff did not have Garda vetting (police clearance) disclosures in place as a fundamental safeguarding measure. The person in charge undertook to remove these staff members from the roster until such time as satisfactory Garda clearance was in place. This action is included under Outcome 5: Staffing. The person in charge and general manager confirmed that Garda vetting was in place for all other staff and persons who provided services in the centre. While some improvements had taken place to restraint management following the last inspection, further improvements were required to ensure full compliance with national policy.

There were comprehensive policies on responding to allegations of abuse. Staff spoken with and training records viewed confirmed that staff had received ongoing education in relation to safeguarding and elder abuse. The person in charge advised that there were no recent allegations of abuse in the centre.

The general manager and person in charge told the inspector that the finances of residents were not managed in the centre. Small amounts of money were kept for safekeeping on behalf of some residents. The inspector was satisfied they were managed in a clear and transparent manner. All money was securely stored. Individual balance sheets were maintained for each resident and all transactions were clearly recorded and signed by two signatories. There were regular reviews of accounts carried out by the person in charge.

All residents had access to a secure lockable storage in their bedrooms should they wish to securely store any personal items.

The inspector reviewed the policy on the use of restraint and management of behaviours that challenged which were submitted in advance of the inspection. The policy on the use of restraint required updating to reflect national policy. There were 27 residents using bed rails at the time of inspection, 21 at the residents own request and six residents assessed as requiring them. While risk assessments had been completed, suitable alternatives were not available for some residents. On enquiry, the inspector was informed that there were six low low beds available but in use by other residents.
therefore, some residents assessed as requiring bedrails did not have a suitable alternative such as a low low bed available to them. This action is included under Outcome 6: Safe and suitable premises. As previously discussed under Outcome 1: Health and social care needs, a review of a sample of residents files indicated that there were no specific care plans in place to guide staff on the care of residents using bedrails.

A number of residents were prescribed psychotropic medicines on a 'PRN' as required basis and these were administered occasionally. Staff spoken with informed the inspector that these were always administered as a last resort only when other strategies had been trialled and possible underlying causes had been eliminated. Records were maintained to indicate the rationale for administration of these medications, what other interventions had been tried to manage the behaviour and the effect and outcome for the resident following the administration of the medicine. There were individualised care plans in place outlining guidance for staff in the care of residents who required prescribed psychotropic medicines on a 'PRN' as required basis. There was evidence of regular review by the General Practitioner (GP) as well as regular reviews of medications. There was evidence of access and referral to psychiatry services.

Training records reviewed indicated that most staff had attended training on dementia care and restraint management.

The inspector observed staff interacting with residents in a respectful and friendly manner. Residents were observed to be relaxed and happy in the company of staff. Staff spoke of the importance of maintaining a calm, noise free environment for some residents and allowing residents choice of daily routines. The inspector observed this taking place in practice.

Judgment:
Substantially Compliant

**Outcome 03: Residents' Rights, Dignity and Consultation**

**Theme:**
Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
The inspector was satisfied that residents were consulted in the organisation of the centre, and that their privacy and dignity was respected.

Residents' committee meetings continued to be held on a regular basis and were facilitated by an ex staff member. Resident's with a dementia were encouraged to
attend and family members were also invited. Minutes of meetings were recorded, issues recently discussed included weekly mass, fire safety, complaints, safeguarding, décor, CCTV, in house voting, pharmacist, dentist and optician visits.

The inspector noted that the privacy and dignity of residents was well respected. All residents had single or twin bedrooms with en suite toilet and shower facilities. Bedroom and bathroom doors were closed when personal care was being delivered. Staff were observed to knock and wait before entering bedrooms.

Residents were treated with respect. The inspector heard staff addressing residents by their preferred names and speaking in a clear, respectful and courteous manner. Staff paid particular attention to residents’ appearance, dress and personal hygiene and were observed to be caring towards the residents. Residents choose what they liked to wear. The hairdresser visited weekly and some residents told the inspectors how they enjoyed availing of the service.

The inspector found the management style of the centre maximised residents’ capacity to exercise personal autonomy and choice. The inspector observed that residents were free to join in an activity or to spend quiet time in their room and being encouraged and supported to follow their own routines. Residents were supported to eat their meals at their preferred times in their preferred location. The inspector observed this happening in practice. Some residents had their own cars and went on day trips as they wished. Other residents told the inspector how they liked to spend time outside getting fresh air.

Residents’ religious and political rights were facilitated. Mass was celebrated weekly in the centre, the rosary was recited each evening and ministers of the Eucharist visited weekly. The person in charge told the inspector that residents of varying religious beliefs were facilitated as required. Residents were facilitated to vote in house and the inspector saw that this had been discussed at a recent residents meeting.

There was an open visiting policy in place. Residents could meet with family and friends in private if they wished, or could meet in their rooms, or communal areas of the home. Relatives spoken with were very complimentary of the service provided and stated that they could visit at any time.

Residents had access to information and news, daily and weekly local newspapers, notice boards, radio, television and Wi-Fi were available. A selection of daily newspapers were delivered each morning and many residents told the inspectors how they enjoyed reading. Some residents had their own laptops and mobile telephones. Smart televisions were provided which facilitated connection to the internet, videos of specific interest to residents could be accessed via You Tube. Residents could access the local social centre which was located on the grounds of the nursing home where they could attend a variety of events including active retirement group, arts festival, poetry and music events.

As part of the inspection, the inspector spent periods of time observing staff interactions with residents. The inspector used a validated observational tool (the quality of interactions schedule, or QUIS) to rate and record at five minute intervals the quality of interactions between staff and residents in the communal areas. The scores for the
quality of interactions are +2 (positive connective care), +1 (task orientated care), 0 (neutral care), -1 (protective and controlling), -2 (institutional, controlling care). The observations took place for a total of one and half hours during of the inspection day. An overview of the observations is provided below:

The inspector found that for 50% of the observation period (total observation period of 50 minutes) the quality of interaction score was +2 (positive connective care). Staff knew the residents well they connected with each resident on a personal level. Staff made eye contact and greeted residents individually by their preferred names, staff offered choice such as choice of preferred drinks, choice of preferred place to sit, staff carried out 1:1 activities with the residents, staff fully explained to a resident what they were doing in relation to moving them from a wheelchair to their chair. Residents were observed to enjoy the company of staff, some smiling and laughing. Staff sat beside residents and were observed offering assistance in a respectful and dignified manner to residents who required assistance with eating.

**Judgment:**
Compliant

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**Outcome 04: Complaints procedures**

**Theme:**
Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
The inspector was satisfied that complaints were managed in line with the centre complaints policy.

There was a comprehensive complaints policy in place which clearly outlined the duties and responsibilities of staff. The complaints procedure was clearly displayed and contained all information as required by the Regulations including the name of the complaints officer, details of the appeals process and contact information for the Office of the Ombudsman.

The inspector reviewed the complaints log, there were no open complaints. All complaints to date had been investigated and responded to and included complainants’ satisfaction or not with the outcome.

**Judgment:**
Compliant

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**Outcome 05: Suitable Staffing**
**Theme:**
Workforce

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
The inspector found that staff delivered care in a respectful, timely and safe manner. The centre was person orientated and not task focused, all staff provided care to the residents. Improvements were required to ensuring that Garda vetting (police clearance) disclosures were in place for some recently recruited staff members and to ensuring that the staff roster clearly outlined the hours worked by all staff.

The inspector found there was an appropriate number and skill mix of staff on duty to meet the holistic and assessed needs of the residents. On the days of inspection there were 60 residents including three residents assessed as independent, eight residents assessed as low dependency, eleven as medium dependency, fifteen as high dependency and twenty three as maximum dependency. There were normally two nurses on duty during the day and night time. There were ten care staff on duty during the morning, nine care staff on duty during the afternoon and evening time, seven care staff on duty up until 21.00 hours, five care staff up until 22.00 hours and three care staff on duty at night time. There were an additional two nurses rostered during the days of inspection who were involved with resident care, resident assessments, care planning, meeting with families, supervision and facilitated in house staff training, audits and reviews. They normally worked three days a week. There was a full time activities coordinator who worked five days an week. The person in charge and general manager normally worked during the day time Monday to Friday. The staffing complement included catering, housekeeping, administration and maintenance staff. There was an on call rota system in place for out of hours and at weekends.

The inspector reviewed the staff roster which reflected the staffing arrangements in place, however, the hours worked by the person in charge and some nursing staff were not clearly set out.

There was a varied programme of training for staff. Staff spoken with and records reviewed indicated that all staff had completed mandatory training in areas such as safeguarding and prevention of abuse, fire safety, manual handling and infection control.

The staff also had access to a range of education, including training in specific dementia care training courses, restraint management, dealing with behaviours that challenge, food safety and falls management.

The inspector reviewed a sample of six staff files. As discussed under Outcome 2: Safeguarding and safety, three recently recruited staff did not have Garda vetting (police clearance) disclosures in place as required by the regulations. All other documents as
required by the regulations were available. Nursing registration numbers were available for all staff nurses. Details of induction, orientation received and training certificates were noted on staff files. The person in charge subsequently submitted confirmation that Garda vetting (police clearance) disclosures were in place for these three recently recruited staff members.

**Judgment:**
Non Compliant - Major

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**Outcome 06: Safe and Suitable Premises**

**Theme:**
Effective care and support

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
The design of the building was suitable for its purpose. It was two storey and purpose built. The centre was well maintained and nicely decorated. It was warm, clean and odour free throughout. However, improvements were required to ensuring that residents had access to a secure outdoor space and to ensuring that suitable type beds were provided for some residents as an alternative to using bedrails.

The circulation areas had hand rails, corridors were wide and allowed plenty of space for residents walking with frames and using wheelchairs. There was a lift provided between floors.

There was a variety of communal day spaces on each floor available to residents including day rooms, dining rooms, sensory rooms, smoking room, family room and large seated reception area. The communal areas had a variety of comfortable furnishings and were domestic in nature.

Bedroom accommodation met residents’ needs for comfort and privacy. Bedroom accommodation for residents was in 53 single and five twin bedrooms all with assisted shower, toilet and wash-hand basin en suite facilities. Residents were encouraged to personalise their rooms and many had photographs and other personal belongings in their bedrooms. Bedrooms were adequate in size and ample personal storage space was provided. Call bells were accessible in all bedrooms and bathrooms. There was a separate assisted bathroom available.

There was appropriate sign posting on both floors. There was a sign with a word and a picture for bathrooms. Contrasting colours were provided to toilet seats in bathrooms to help residents with dementia orientate better.

The premises was located on a private site with well maintained external grounds,
walkways, seating and ample car-parking. Residents had access to a landscaped gardens and walkways and the inspector observed some residents spending time outside. While staff confirmed that they supported other residents to spend time outside, residents did not have independent access to a secure outdoor space.

There was appropriate assistive equipment provided to meet the needs of residents, specialised beds, hoists, specialised mattresses and transit wheelchairs. The inspector viewed the maintenance and servicing contracts and found the records were up-to-date and confirmed that equipment was in good working order. However, as discussed under Outcome 2: Safeguarding and safety, some residents assessed as requiring bedrails did not have a suitable alternative such as a low low bed available to them.

The building was secure. The entrance door was fitted with a numerical key pad and all fire exit doors were alarmed. Close circuit television cameras were provided at all entrances and communal circulation areas ensuring additional security and safety for residents.

Judgment:
Non Compliant - Moderate

Outcome 08: Governance and Management

Theme:
Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
While the inspector did not specifically inspect under this outcome, some issues for improvement were noted during the inspection.

As outlined in the previous inspection report, the audit program required further development to inform learning and ensure enhanced outcomes for residents. There had been no falls audit completed for 2018 and the annual review on the quality and safety of care in centre had not been completed for 2017 therefore, it was difficult to review trends and identify if areas for improvement were used to inform quality improvement activities.

The inspector had concerns that there were inadequate deputising arrangements in place in the absence of the person in charge. While the person nominated to deputise in the absence of the person in charge was a nurse and attended the centre on a daily basis, they did not work as a nurse in the centre and therefore was not up to date regarding the current clinical care needs of residents. The management team acknowledged that improvements were required and that arrangements in place would
be reviewed.

Judgment:
Non Compliant - Moderate

### Outcome 12: Notification of Incidents

**Theme:**
Effective care and support

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
Improvements were required to ensuring that all incidents occurring in the centre were maintained and where required notified to the Chief Inspector.

Incident log books as requested were not made available to the inspector on the days of inspection. A recently commenced log book for the ground floor area was reviewed by the inspector, however, the inspector was told that older log books could not be found. The inspector therefore could not review all incidents for 2018.

Some incidents where residents had required medical and hospital treatment had not been notified to the Chief Inspector as required.

Occurrences required to be notified on a quarterly basis had not been received for Quarter 2 of 2018.

The person in charge was requested to submit all required notifications retrospectively. While some incidents where residents had required medical and hospital treatment have since been notified, all required notifications had not been received at the time of writing this report.

Judgment:
Non Compliant - Moderate

### Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements
The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

*Report Compiled by:*

Mary Costelloe  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority
Provider’s response to inspection report

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<thead>
<tr>
<th>Centre name:</th>
<th>Portumna Retirement Village</th>
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<tr>
<td>Centre ID:</td>
<td>OSV-0000378</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>11-12/09/2018</td>
</tr>
<tr>
<td>Date of response:</td>
<td>22/10/2018</td>
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Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 01: Health and Social Care Needs

Theme:
Safe care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
The wound assessments were not updated at each change of dressing and therefore it was difficult to determine the progress of the wound or its current status.

1. Action Required:
Under Regulation 05(2) you are required to: Arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
person’s admission to the designated centre.

**Please state the actions you have taken or are planning to take:**

A documented wound assessment will now be conducted each time dressings are changed and all assessments will be documented by nurses in a specific section of the resident’s care plan.

**Proposed Timescale:** 22/10/2018

**Theme:**
Safe care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
A review of a sample of residents files indicated that there were no specific care plans in place to guide staff on the care of residents using bedrails.

**2. Action Required:**
Under Regulation 05(3) you are required to: Prepare a care plan, based on the assessment referred to in Regulation 5(2), for a resident no later than 48 hours after that resident’s admission to the designated centre.

**Please state the actions you have taken or are planning to take:**
The use of bedrails has been included in the safe environment care plan (together with individual risk assessment) but will now be dealt with in a specific care plan on the use of bedrails.

**Proposed Timescale:** 22/10/2018

**Outcome 02: Safeguarding and Safety**

**Theme:**
Safe care and support

**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**
The policy on the use of restraint required updating to reflect national policy.

**3. Action Required:**
Under Regulation 07(3) you are required to: Ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.

**Please state the actions you have taken or are planning to take:**
The policy will be reviewed and updated as required.

**Proposed Timescale:** 30/11/2018
**Outcome 05: Suitable Staffing**

**Theme:**
Workforce

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
A vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 was not available for three recently recruited staff.

The hours worked by the person in charge and some nursing staff were not clearly set out in the staff roster.

**4. Action Required:**
Under Regulation 21(1) you are required to:
Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

Please state the actions you have taken or are planning to take:

1) Clear vetting disclosures were rec

ceived for each of the three staff in the days following the inspection. Management accept that their training should not have commenced prior to the receipt of the responses from the National Vetting Bureau. Existing policy on the recruitment of only persons for whom a clear vetting response has been received before training commences will be strictly adhered to.
2) Nursing rosters has been amended to include the hours to be worked by the Person In Charge and all other nurses working on training or any other nurse projects.

Proposed Timescale:
1) In effect
2) In place

**Proposed Timescale: 22/10/2018**

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**Outcome 06: Safe and Suitable Premises**

**Theme:**
Effective care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
Residents did not have independant access to a secure outdoor space.

Some residents assessed as requiring bedrails did not have a suitable alternative such as a low low bed available to them.

**5. Action Required:**
Under Regulation 17(2) you are required to:
Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the
Please state the actions you have taken or are planning to take:

1) A suitable site for the development of a safe outdoor area at the rear of the building that could be independently accessed by residents has been identified. A contractor has assessed the project and is to revert with designs. It is envisaged that when complete the area will be suitable for residents all year round.

2) All residents currently using bedrails have been included in a staggered trial to assess on an individual basis the possible alternatives for them rather than the use of bedrails. If additional equipment is required it will be sourced.

Proposed Timescale: 30/12/2018

Outcome 08: Governance and Management

Theme:
Governance, Leadership and Management

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
The person nominated to deputise in the absence of the person in charge did not work as a nurse in the centre and therefore was not up to date regarding the current clinical care needs of residents.

6. Action Required:
Under Regulation 23(c) you are required to: Put in place management systems to ensure that the service provided is safe, appropriate, consistent and effectively monitored.

Please state the actions you have taken or are planning to take:

Two recruitment agencies are currently working to source suitable candidates for a new position that will be created. The person in this position will be fully up to date on the clinical needs of the residents and will be able to deputise for the Person In Charge when absent.

Proposed Timescale: 31/12/2018

Theme:
Governance, Leadership and Management

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
The annual review on the quality and safety of care in centre had not been completed for 2017.

7. Action Required:
Under Regulation 23(d) you are required to: Ensure there is an annual review of the
quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.

Please state the actions you have taken or are planning to take:

This review document will be completed.

**Proposed Timescale:** 30/11/2018

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**Outcome 12: Notification of Incidents**

**Theme:** Effective care and support

**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**

Incident log books as requested were not made available to the inspector on the days of inspection. A recently commenced log book for the ground floor area was reviewed by the inspector, however, the inspector was told that older log books were not available as they could not be found.

8. **Action Required:**
Under Regulation 21(6) you are required to: Maintain the records specified in paragraph (1) in such manner as to be safe and accessible.

Please state the actions you have taken or are planning to take:

A separate archiving process will be introduced for such priority documents.

**Proposed Timescale:** 30/11/2018

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**Theme:** Effective care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

Some incidents where residents had required medical and hospital treatment had not been notified to the Chief Inspector as required.

9. **Action Required:**
Under Regulation 31(1) you are required to: Give notice to the chief inspector in writing of the occurrence of any incident set out in paragraphs 7(1)(a) to (j) of Schedule 4 within 3 working days of its occurrence.

Please state the actions you have taken or are planning to take:

Such notifications will in future be advised to the Chief Inspector by use of the portal rather than relying on fax or e-mail.
The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Occurrences required to be notified on a quarterly basis had not been received for Quarter 2 of 2018.

10. **Action Required:**
Under Regulation 31(3) you are required to: Provide a written report to the Chief Inspector at the end of each quarter in relation to the occurrence of any incident set out in paragraphs 7(2) (k) to (n) of Schedule 4.

**Please state the actions you have taken or are planning to take:**
These notifications have been forwarded. Such notifications will in future be advised to the Chief Inspector by use of the portal rather than relying on fax or e-mail.